

**FEC FORM 9  
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

CITIZENS FOR STRENGTH AND SECURITY

(b) Address (number and street) ☐ check if different than previously reported

1718 M STREET NW S342

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

**2. FEC Identification Number****C** C30001259**3. Is This Statement**☐**New**

or

☒**Amended****4. Covering Period**M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

through

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8**(b) Communication Title**Back When - Social  
Security**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 Political Org.**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Lora Haggard

(b) Address (number and street)

1718 M Street, NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Citizens For Strength And Security

(e) Occupation

Treasurer

**9. Total Donations This Statement**

507000.00

**10. Total Disbursements/Obligations This Statement**

490214.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard

DATE 03/02/2009

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

**List of Person(s) Sharing/Exercising Control**

(use additional pages as necessary)

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**11. Person(s) Sharing/Exercising Control**

<b>A.</b>	(a) Name	<b>Transction ID :</b> F91.000001	
	Lora Haggard		
	(b) Address (number and street)		
	1718 M Street, NW S342		
	(c) City, State and Zip Code		
	Washington	DC	20036
	(d) Name of Employer or Principal Place of Business		(e) Occupation
	Citizens For Strength And Security		Treasurer

**A.** Full Name of Donor

Jeanette Hyde

Mailing Address of Donor  
2405 Glenwood Drive

City	State	Zip
Raleigh	NC	27608

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount

2000.00

Transaction ID : F92.000001

**B.** Full Name of Donor

Leo Hindery, Jr.

Mailing Address of Donor  
405 Lexington Avenue  
48th Floor

City	State	Zip
New York City	NY	10174

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	8

Amount

25000.00

Transaction ID : F92.000002

**C.** Full Name of Donor

Patriot Majority

Mailing Address of Donor  
300 M Street, SE  
S1102

City	State	Zip
Washington	DC	20003

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	8

Amount

280000.00

Transaction ID : F92.000003

**D.** Full Name of Donor

Majority Action

Mailing Address of Donor  
P.O. Box 76187

City	State	Zip
Washington	DC	20013

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	8

Amount

200000.00

Transaction ID : F92.000004

**SUBTOTAL** of Donations This Page (optional).....

507000.00

**TOTAL** This Period (last page this line number only).....  
(carry total from last page to Line 9)

507000.00

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee LUC Media	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 1 6 / 2 0 0 8</span> </div>
Mailing Address of Payee 25 Whitlock Place Suite 201	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120000.00</div>
City State Zip Code Marietta GA 30064	Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 1 7 / 2 0 0 8</span> </div>
Name of Employer Occupation	<b>Transaction ID :</b> F93.000001
Purpose of Disbursement (including title(s) of communication(s)) Media Buy: Back When - Social Security	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Elizabeth Dole	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000002	District: _____
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<b>B.</b> Full Name (Last, First, Middle Initial) of Payee LUC Media	
Mailing Address of Payee 25 Whitlock Place Suite 201	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 1 6 / 2 0 0 8</span> </div>
City State Zip Code Marietta GA 30064	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120000.00</div>
Name of Employer Occupation	Communication Date <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>1 0 / 2 0 / 2 0 0 8</span> </div>
<b>Transaction ID :</b> F93.000002	
Purpose of Disbursement (including title(s) of communication(s)) Media Buy: Back When - Jobs	
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Elizabeth Dole	Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
F94.000004	District: _____
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
<div style="display: flex; justify-content: space-between; align-items: flex-end; padding-top: 20px;"> <div> <b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....   <b>TOTAL</b> This Period (last page this line number only) .....            (carry total from last page to line 10)         </div> <div style="border: 1px solid black; padding: 5px; text-align: right; width: 200px;">           240000.00         </div> </div>	

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee LUC Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>			
Mailing Address of Payee 25 Whitlock Place Suite 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">170000.00</div>			
City Marietta		State GA		Zip Code 30064		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000003			
Purpose of Disbursement (including title(s) of communication(s)) Media Buy: Back When - Social Security							
Name of Federal Candidate Elizabeth Dole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000006		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee LUC Media				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>			
Mailing Address of Payee 25 Whitlock Place Suite 201				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>			
City Marietta		State GA		Zip Code 30064		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000004			
Purpose of Disbursement (including title(s) of communication(s)) Media Placement							
Name of Federal Candidate Elizabeth Dole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000008		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">190000.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Hamilton Campaigns				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>			
Mailing Address of Payee 4201 Connecticut Ave, NW S610				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9000.00</div>			
City Washington		State DC		Zip Code 20008		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000005			
Purpose of Disbursement (including title(s) of communication(s)) Research							
Name of Federal Candidate Elizabeth Dole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000012		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee See Change Media, LLC				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>			
Mailing Address of Payee 8609 West Knoll Drive #D				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">9264.00</div>			
City West Hollywood		State CA		Zip Code 90069		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 8</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000006			
Purpose of Disbursement (including title(s) of communication(s)) Media Production							
Name of Federal Candidate Elizabeth Dole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000013		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

  

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px; text-align: right;">18264.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**SCHEDULE 9-B****Disbursement(s) Made or Obligations**

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<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Hamilton Campaigns				Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 8</div> </div>			
Mailing Address of Payee 4201 Connecticut Ave. NW S610				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">41950.00</div>			
City Washington		State DC		Zip Code 20008		Communication Date <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y</div> </div>	
Name of Employer		Occupation		<b>Transaction ID :</b> F93.000007			
Purpose of Disbursement (including title(s) of communication(s)) Polling							
Name of Federal Candidate Elizabeth Dole		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: NC District:		Disbursement/Obligation For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
F94.000014		Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<div style="border: 1px solid black; padding: 2px;">41950.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<div style="border: 1px solid black; padding: 2px;">490214.00</div>